MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 09/856738	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51			/			
2		/						52						
3		/						53				/		
4		/						54				/		
5		/						55						
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35								85						
36								86						
37								87						
38								88						
39								89						
40				/				90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47				/				97						
48								98						
49								99						
50								100						
TOTAL IND.	/							TOTAL IND.			5			
TOTAL DEP.	5							TOTAL DEP.			49			
TOTAL CLAIMS	6							TOTAL CLAIMS			54			

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS